



European Commission
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**Health Committee and
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Dear Ms Vassiliou,

Please find below the response from the Health Committee and the European Affairs Committee of the Danish Parliament to the Commission's Green Paper on the European Workforce for Health.

The Health Committee discussed the Green Paper at several meetings and agreed on a response to the Commission. The response was subsequently endorsed by the European Affairs Committee on 27 March 2009, as set out below.

Opinion on the Commission's Green Paper on the European Workforce for Health — COM(2008) 725

The Health Committee and the European Affairs Committee of the Danish Parliament take a generally positive view of the Green Paper, which is the Commission's contribution to a debate on the role which the EU can play in connection with the considerable challenges faced by the European healthcare systems, and welcome the debate.

The European healthcare systems are organisationally, legislatively and culturally very different. For this reason, it could be supposed that the relevance of the areas identified in the Green Paper will vary from Member State to Member State. The initial assessment is therefore that the majority of the activities to overcome the challenges of an ageing population, shrinking workforce, etc., must inevitably be undertaken at national level.

For example, for a country such as Denmark the proposal on 'circular migration' would involve substantial initial costs in recruiting and training foreign health workers so that they could function at the same level as

Danish-trained personnel — as a result of cultural and, in particular, linguistic challenges. Experience shows that it can take up to a year before a foreign specialist is able to carry out his/her tasks completely unsupervised, which means that we are looking at a minimum time period of three years for recruitment to the Danish healthcare service, if the investment is to pay off. This clearly limits rotation.

The Committees are in favour of common solutions at EU level where appropriate, e.g. in matters concerning ethical recruitment from developing countries, and the provision of up-to-date and comparable data.

The Committees also support the establishment in the EU of a common obligation and understanding of the need for each individual Member State to make efforts to train enough health professionals so as to be self-sufficient. And last but not least, the Committees are in favour of the Member States pushing to recruit and retain health professionals by making it attractive to work in the healthcare sector.

A majority (the Committees with the exception of the Liberals and the Conservatives) believe that the most important criticism of the Green Paper is that the problem concerning the role of equal pay in retaining and recruiting nurses in public healthcare has not been addressed. This is a key issue for future recruitment to the healthcare sector. On page 6 it is stated that 'The promotion of gender equality measures in human resource strategies is therefore particularly important.' In Denmark, the problem is that e.g. nurses, as a result of the gender-segregated labour market, lag behind in terms of pay when compared to other groups whose education and training is of a comparable length. Unfortunately, the Green Paper does not present any specific proposals for how to resolve the issue of equality, despite it being one of the most significant barriers to future recruitment to the healthcare sector.

The Committees are of the opinion that the Green Paper contains many positive ideas in terms of the factors put forward as solutions to the problem of recruitment, but unfortunately the proposals are not particularly concrete and do not include any specific instructions.

On the positive side, there are the proposals concerning better use of IT in the healthcare sector, healthcare education, retaining health professionals, use of the European Social Fund (ESF) for training health professionals, ensuring better working conditions, etc.

One of the more specific proposals concerns what is called 'Harmonising or standardising health workforce indicators' (page 13). It is important to be careful here. Denmark does not see a need for the contents of Danish healthcare education to be dictated by the EU, since education is partly

adapted to national/regional conditions and there is a certain tendency for such harmonisation to be based on the lowest common denominator. Furthermore, the idea of 'Organising chronic disease management practices and long-term care provision closer to home or in a community setting' is mentioned (page 7). At first glance this would appear sensible, but vigilance is necessary to make sure that this is not a form of 'informal healthcare' which would make the family itself responsible for elderly family members. The Commission could therefore be requested to clarify these passages.

The Committees believe it is important that a common EU approach to international recruitment be based first and foremost on the right of health professionals to seek and take up employment abroad, cf. EU rules on the free market and the free movement of workers. The Committees are therefore unable to support any initiatives limiting the opportunities for health professionals to seek and take up employment across national borders.

The Committees would like to point out that steps should be taken in the direction of increased task shifting between the professions. Respect for competence and responsibility should be upheld between the professions, but this need not translate into strict professional barriers. As with technological developments in the field of health, competence development should be seen as part of the process. Competence, responsibility and updated re-skilling will contribute to retaining and developing healthcare professionals in the future.

As far as action in the field of public health is concerned, particular priority should be given to occupational medicine, community medicine and social medicine, with a view to healthcare professionals — against the background of data on causation and living conditions — becoming more aware of these causal relationships and being able to contribute to forms of prevention centred on both the citizen and the patient.

Yours sincerely,

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Chairman, Health Committee

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Chairman, European Affairs Committee

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